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CONFIRMATION NO. 1727

<b>SERIAL NUMBER</b> 09/432,881	<b>FILING OR 371(c) DATE</b> 11/02/1999 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 15662-000900	
<b>APPLICANTS</b> MICHELINE MARKEY, SANTA CRUZ, CA; JOHN W. SHELL, HILLSBOROUGH, CA; BRET BERNER, EL GRANADA, CA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/14/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 99	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 22918					
<b>TITLE</b> PHARMACOLOGICAL INDUCEMENT OF THE FED MODE FOR ENHANCED DRUG ADMINISTRATION TO THE STOMACH					
<b>FILING FEE RECEIVED</b> 1156	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		